



J. TYLER McCAULEY
AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-2766
PHONE: (213) 974-8301 FAX: (213) 626-5427

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TO: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich
FROM: J. Tyler McCauley *Maria Cruz*
Auditor-Controller *FOR*

SUBJECT: **EL CENTRO DE AMISTAD, INC. CONTRACT COMPLIANCE REVIEW -
MENTAL HEALTH SERVICE PROVIDER**

We have completed a contract compliance review of El Centro De Amistad, Inc., (El Centro or Agency), a Department of Mental Health (DMH) service provider.

Background

DMH contracts with El Centro, a private non-profit community-based organization, which provides services to clients in Service Planning Area 2. The services that El Centro provides include assessing mental health needs of the participants, and developing and implementing treatment plans. The Agency's headquarters is located in the Third District.

Our review focused on approved Medi-Cal billings where at least 35% of the total service cost was paid using County General Funds. DMH paid El Centro between \$1.77 and \$4.29 per minute of staff time (\$106.20 to \$257.40 per hour). DMH contracted with El Centro to provide approximately \$1.9 million in services for Fiscal Year 2005-06.

Purpose/Methodology

The purpose of the review was to determine whether El Centro provided the services outlined in their contract with the County. Our monitoring visit included a review of a sample of El Centro's billings, participant charts and personnel and payroll records. We also interviewed staff from El Centro and a sample of clients' parents and guardians.

"To Enrich Lives Through Effective and Caring Service"

Results of Review

Overall, El Centro provided the services outlined in the County contract. The Agency used qualified staff to perform the services billed and the participants interviewed stated that the services they received met their expectations. However, El Centro did not always complete the Progress Notes in accordance with the County contract. Specifically, seven (18%) of 40 Progress Notes sampled did not describe what the clients or service staff attempted and/or accomplished towards the clients' goals. In addition, the Agency did not complete Client Care Plans for four (17%) of the 23 clients sampled in accordance with the County contract.

We have attached the details of our review along with recommendations for corrective action.

Review of Report

We discussed the results of our review with El Centro on February 27, 2007. In their attached response, the Agency indicated their plans for corrective action to address the findings and recommendations in our report.

We thank El Centro's management and staff for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (626) 293-1102.

JTM:MMO:DC

Attachment

c: David E. Janssen, Chief Administrative Officer
Dr. Marvin J. Southard, Director, Department of Mental Health
Ed Viramontes, Executive Officer, El Centro De Amistad, Inc.
Public Information Office
Audit Committee

**COUNTYWIDE CONTRACT MONITORING REVIEW
FISCAL YEAR 2005-2006
EL CENTRO DE AMISTAD, INC**

BILLED SERVICES

Objective

Determine whether El Centro De Amistad, Inc., (El Centro or Agency) provided the services billed in accordance with their contract with Department of Mental Health (DMH).

Verification

We judgmentally selected 40 billings totaling 4,058 minutes from 24,778 service minutes of approved Medi-Cal billings to DMH where at least 35% of the total service cost was paid using County General Funds. We reviewed the Progress Notes, Assessments and Client Care Plans maintained in the clients' charts for the selected billings. The 4,058 minutes represent services provided to 23 program participants.

Although we started our review in November 2006, the most current billing information available from DMH's billing system was May and June 2006.

Results

El Centro maintained Progress Notes to support the service minutes billed to DMH. However, the Agency did not always complete the Progress Notes in accordance with the County contract. Specifically, seven (18%) of 40 Progress Notes sampled did not describe what the clients or service staff attempted and/or accomplished towards the clients' goals.

Assessments and Client Care Plans

El Centro did not complete annual Assessments for four (17%) of the 23 clients sampled. An Assessment is a diagnostic tool used to document the clinical evaluation of each client and establish the client's mental health treatment needs. The contract requires the Agency to complete an Assessment annually for each participant.

El Centro also did not complete Client Care Plans in accordance with the County contract for four (17%) of the 23 clients. Specifically:

- Two Client Care Plans did not contain goals for each type of treatment provided.
- Three Client Care Plans were not signed by the participants or legally responsible adults.

The Client Care Plan establishes goals and interventions to address the mental health issues identified in the client's Assessment. The total number of Client Plans cited

above exceeded the number of Client Plans reviewed because one of the Client Plans contained more than one deficiency.

Informed Consent

The chart for one (20%) of the five clients tested for Informed Consent did not document the client's Informed Consent. Informed Consent for medication is required on an annual basis or when there is a change in medication and should document the client's agreement to a proposed course of treatment based on receiving clear, understandable information about the treatment's potential benefits and risks.

Recommendations

El Centro management:

- 1. Ensure that Progress Notes, Assessments and Client Care Plans are completed in accordance with the County contract.**
- 2. Ensure that Informed Consent is documented in the client's chart each year or when medication changes.**

CLIENT VERIFICATION

Objectives

Determine whether the program participants received the services that El Centro billed DMH.

Verification

We interviewed eight participants that El Centro billed DMH for services during the months of May and June 2006.

Results

The eight program participants interviewed stated that the services they received from the Agency met their expectations.

Recommendation

There are no recommendations for this section.

STAFFING LEVEL

Objective

Determine whether the Agency maintained the appropriate staffing ratios for applicable services.

We did not perform test work in this section as the Agency does not provide services that require staffing ratios for this particular funding program.

STAFFING QUALIFICATIONS

Objective

Determine whether El Centro treatment staff possessed the required qualifications to provide the services.

Verification

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for six (24%) of 25 El Centro treatment staff.

Results

El Centro's employees possessed the qualifications required to deliver the services billed.

Recommendation

There are no recommendations for this section.

SERVICE LEVELS

Objective

Determine whether El Centro's reported service levels varied significantly from the service levels identified in the DMH contract.

Verification

We obtained Fiscal Year 2005-06 Cost Report submitted to DMH by El Centro and compared the dollar amount and billed units of service to the contracted units of service identified in the contract for the same period.

Results

El Centro provided the service levels outlined in the County Contract.

Recommendation

There are no recommendations for this section.

EL CENTRO DE AMISTAD, INC.
Department of Auditor-Controller
Countywide Contract Monitoring Division
Contract Compliance Review
Fiscal Year 2006-07

Response to Audit of November 6 - 7, 2006

1. **The client's charts did not contain the Annual Assessment.** West Valley Mental Health serves as the Single Fixed Point of Responsibility (SFPR) on these four charts. El Centro de Amistad is a part of the Client Care/Coordination Plan (CCCP) and is limited in responsibility to provide Intensive Case Management. WVMH has provided ECDA with a complete replica of the paperwork in their chart. A meeting was held at WVMH and a protocol was developed stating that if ECDA does not receive the Annual Assessment, they shall be able to do so. ECDA will notify Eva Carrera, District Chief, DMH, of any incomplete paperwork.
2. **The CCCP did not contain the client's signature.** The SFPR gathers the client signatures on the CCCP. At the present time the Case Manager's signature is not on the CCCP, except at the space provided by the Case Manager's goal. However, ECDA will begin to have the client sign along with the Case Manager on page 2 of the CCCP.
3. **The CCCP did not contain goals and interventions for each service billed.** At that time, ECDA was unaware of the need to have a specific goal for Rehab Services (H2015) on the CCCP. This issue has been addressed and we are now tracking this more carefully.
4. **The Agency did not Medication Review in place.** This is our error. Although ECDA has a protocol for tracking this, we are now tracking more carefully.
5. **The Progress Note does not describe what was attempted and/or accomplished by the individual or service staff towards client's goal.** ECDA held a mandatory staff training on November 28th for all adult staff to review DMH documentation to ensure that progress notes are compliant as per County, State and Federal guidelines.



Luann Rollens, M.A., Clinical Director – Adult Programs